STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969238	**07/24/2017**
NAME OF PROVIDER OR SUPPLIER **RISING OAKS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **201 NW RANCHERA ST** **LIVE OAK, FL 32064**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On 7/24/2017 an initial licensure survey was conducted at Rising Oaks Assisted Living Facility. There was no deficient practice identified. The facility was in compliance at this time.